

Steering clear of the federal bureaucracy

IRVINE H. PAGE, MD
Editor

Donald Fredrickson, current head of the National Institutes of Health, is a man of strong convictions who aims to save his ship from bureaucratic piracy



■ Most practitioners are unaware of the physical and intellectual magnitude of the National Institutes of Health (NIH) and of its importance to them. It is the taxpayer's major contribution to furthering better medical practice. Its Bethesda campus gives working room to a vast array of basic scientists, among them such stellar Nobel winners as Julius Axelrod, Christian Anfinsen, and Marshal Nierenberg, and a huge clinical center where costly but worthy human studies are conducted.

It is fair to say that in the early 1940s, when the NIH was getting into full swing, conservative scientists and physicians thought it would become a wasteland. But—due in no small measure to the persuasiveness of Mary Lasker, Lister Hill, and John Fogarty—the NIH took off. Its guiding genius was James Shannon, the articulate, highly intelligent, courageous director from 1955 to 1968.

Once it became evident that a genuinely first-rate organization had been created, the problem (as with most large organizations, especially those coming under the bureaucratic domination of Washington politics) was how to mold its future to ensure that so costly a project would make medical practice progressively better. The two immediate successors to Shannon's 13-year reign faced the determined fire of those who wanted political control.

But in the current NIH director, as in HEW's assistant secretary for health, Theodore Cooper, the power seekers have met their match. Donald Fredrickson is a person of suave charm and vision who is schooled in the hard disciplines of science and dialectics. He has long participated in the Washington scene as well as being an NIH scientist. He is unlikely to find many surprises. His greatest danger is that he will conceal his true character behind

a diplomatic shield, which might prevent his leadership from being fully exerted. Sometimes it seems that he knows too many of the "right people" on both sides of the street and will never be able to please the advocates and the critics of medical science equally.

FREDRICKSON HAS strong feelings about three major policy areas. He is devoted to the vigorous pursuit of basic science under the grant system, with peer review. Like most of us, he believes peer review has been a major contribution to science policy and should never be scrapped. The millions of hours devoted to evaluation of research grants by members of the nonfederal science community have been an unsung major contribution to good science and sound economics. Appointment to study sections has been kept free of political control.

As much cannot be said for membership in NIH councils, although, on balance, they too have performed well. The fact that the directorship of the NIH has been made a presidential appointment shows the ever-present danger of encroachment by politics.

AN EXAMPLE CLOSE to everyone's heart has been the cancer crusade. Launched at a time when knowledge of neoplasia was inadequate for a great leap forward, it was overorganized in a plan that, had it been carried out rigidly, might have spelled disaster. I received my lumps at the time for saying so (MM, July 26, 1971, p 73), but I can report that management of the National Cancer Institute (NCI) has been better than we had any right to expect. Still, the project came under severe criticism after scientists finally, and reluctantly, realized what had happened right under their noses and often with their blessing. It speaks poorly for their prescience.

Fredrickson was one who saw the potential danger. If the very

capable Dr Frank J. Rauscher, NCI's current head, leaves because of inadequate salary, Fredrickson faces another major problem. It is ironic that the government can spend \$700 million, or 32% of the NIH budget, for cancer research and deny a raise in salary from some \$37,800 to perhaps \$45,000 to a first-rate director of the cancer institute.

A SECOND MAJOR policy on which Fredrickson stands firm is the separation of funding for research and education. Support of science should not finance education. He believes that research and scientific education are indissoluble, but the costs of research may not be inflated to support clinical training or much of the doctor's basic education. The days when NIH would underwrite more than research have gone. Fredrickson wants schools to get scholarships, capitation, Medicare, and Medicaid. This may well force them into the practice of medicine not only for teaching material but also for financial support.

A THIRD MAJOR policy area is education in preventive medicine for both patient and doctor. Fredrickson looks upon such an endeavor as being extremely difficult but one that in the long run will pay off handsomely. If physicians will take the matter more seriously, he believes, their effectiveness will be greatly enhanced.

Fredrickson talks about the "interface" between science and the public, because the public must believe in science. Like everyone else, he is stymied as to how this is to come about. The press should be the most important medium, but it fails because of its penchant for the flamboyant and bizarre. A newspaper will give two columns to some exotic nonsense but little or nothing to a major discovery. The Institute of Medicine was founded to act as an ecumenical meeting ground for

government, the public, medicine, and science. So far it has not filled the need as hoped. Using his own advisory committee as a starter, Fredrickson believes he can create a better forum for airing tough issues in public view.

I ASKED HIM whether he believed that the antiscience movement was threatening. He replied, "Yes, there is—and probably always has been—an antiscience movement in the world. It has been augmented recently by some economists and health care analysts who argue that research adds to health care costs more than it improves health. Some of the antiscience movement is a deflection to science and other elite institutions of general disaffection with the American political and economic systems. Issues such as environmental protection and civil liberties essentially are *not* the substance of science."

New technologies are constantly being added at considerable cost. "Don't learn anything more because it will cost too much!" Perhaps technologic assessment to determine the cost and effect of scientific advance should precede widespread use of any innovation. If only one person can be saved—for example, the one youngster living for four years in an enormously expensive, germ-free room at NIH's clinical center—is society willing to pay? Is this what the public wants? Who knows? Politicians find this just as tough to decide as do physicians.

THE NEW DIRECTOR of NIH is of the opinion that discussion of ethics has helped, not hindered, medical research. He thinks it has improved the setting of proper limits to clinical investigation. The Quinlan case is not really a medical research issue. Respirators and cardiac pacemakers have an essential, positive role in medical care, and limiting their use is an

issue for all of society, not science alone, to decide.

The only casualty of the debate on fetal research was the use of federal funds for research on methods of abortion. This means that research on new methodology, such as use of prostaglandin derivatives, has become a monopoly of Scandinavia and western Europe. We will have to accept their technologies, when they arrive, without our own research base for evaluation.

WHAT ABOUT the ethics and utility of large clinical trials, such as those for heart disease and cancer? Fredrickson is all for them and has committed a substantial part (10%) of the total NIH budget to them. The really big ones are the kinds of experiments only government can do. NIH now has more than 30 projects in progress that involve more than 1,000 subjects each.

For those who have a "pet" disease, Fredrickson prays that Congress will not be persuaded to mandate yet another institute for its study. Every new institute starts small but soon catches fire and proliferates epicenters, core programs, and bureaucrats. With financial support dwindling, such added programs could spell disaster. The NIH must be trusted to set priorities according to its skills and resources.

FREDRICKSON HAS this to say about his views: "The relationship between biomedical science and the practice of medicine is an extraordinarily close and interdependent one. Nearly all of the additions to the doctor's bag—the new tests in the clinical laboratories and the steadily increasing capabilities for treatment and prevention of disease—come from science. At the same time, this new knowledge and technology has little power over illness until it is skillfully used by physicians or other health practitioners and

their patients. The full loop must be closed if discovery is to benefit the human condition. Physicians and scientists share the admiration of the public when they are successful. They also share the criticism when costs of their innovations seem to exceed benefits, when access to them is uneven, or when they create ethical dilemmas that lie beyond the capabilities of science or medicine to resolve.

"NIH is the custodian of the largest share of the nation's resources dedicated to biomedical science. NIH has no regulatory

activities, in the sense of those carried out by FDA or certain other federal agencies, except the steps it requires to assure that the research supported by us is protective both of the subjects involved and of the environment that all of us share. The agency is fully responsible to the public demand for transduction of knowledge to the power to heal. The medical profession is the principal translator of this power. The measure of our combined contributions to mankind lies in the diligence, wisdom, and accountability with which we continue the enterprise

that inseparably links medicine and science."

The shakedown cruise for a reconditioned ship with a new captain has begun. The waters are already rough and will get rougher. What Fredrickson and his advisers do in the next decade will profoundly affect the practice of medicine. We have a good man and true. He needs our support and our criticism as well, the support to stand for what he believes and the criticism to keep the ultimately fatal Washington syndrome at bay. ■